CDC's Healthcare-Associated Infections Community Interface (HAIC) *Staphylococcus aureus* Laboratory Survey: Use of Nucleic Acid Amplification Testing (NAAT)

Date Survey Completed:		EIP Site:	Completed by:		
Hospital/Lab ID:		Lab contact to complete the survey (name/title):			
🗆 Lab	did not respond – END SURVEY	7			
1. Ty	pe of laboratory				
	 Hospital laboratory Commercial or private reference 	aga laboratory			
	\Box State or local public health la	-			
	□ Other, please specify	•			
2. Di	ring the past year, has your lab ch	anged testing methods	-		-
			Yes	No	Not applicable/ no surveillance
	MRSA only				
	All Staphylococcus aureus				
<i>Staph</i> y 1.	ylococcus aureus (methicillin- Do you set up culture for se (in-house) at your laborator 1a. [If no] To which labora	terile sites (blood, ry? □ Yes - GO TO	CSF, bone, etc.) for <i>Stap</i> $Q2 \square No$		
2.	2. Do you run any culture independent diagnostic tests (CIDT) for detection of <i>Staphylococcus aureus</i> or MRSA either directly from a sterile source (CSF, Blood, etc.) or from a positive blood culture?				
	□ Yes	□ No GO to Q2d			
	2a. [If yes] Do you run the CIDT on-site or send out to another lab?				
	□ On-site		se specify lab		
	2b. Which CIDTs do you use check all that apply.	(sterile site sources	only, i.e. blood, CSF, pleu	ral fluid, bo	one, etc.)? Please
	□ FilmArray® Blood (Culture Identification I	PanelDate started	_	
	□ Verigene® Gram-Positive Blood Culture TestDate started				
	□ Verigene® Staphylococcus Blood Culture TestDate started				
	□ Cepheid Xpert® MRSA/SA BCDate started				
	□ BD Geneohm® Stap	hSRDate started			

-IMPORTANT - PLEASE COMPLETE THE BACK OF THIS FORM -

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Rd NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (xxxx-xxxx)

□ AdvanDx Staphylococcus QuickFISH blood culture kit...Date started_____

□ AdvanDx S. aureus/CNS PNA FISH...Date started

□ Alere BinaxNOW® Staphylococcus aureus test...Date started_____

□ Great Basin Staph ID/R blood culture panel...Date started

□ T2Bacteria® Panel...Date started

□ Accelerate PhenoTestTM BC kit...Date started

□ iCubate iC-GPC AssayTM...Date started

□ Other, Lab Developed Test (detects MRSA or SA)... Date started

□ Other commercial test, Specify_____...Date started______

2c. [If using any of the above tests for sterile site cultures] Do you still obtain an isolate for *S. aureus* or MRSA?

 \Box Yes \Box No - GO to Q3

2d. [If no] Do you plan to start offering any CIDTs for S. aureus or MRSA within the next year?

 \Box Yes \Box No – END SURVEY

2e. When do you plan to start offering culture independent diagnostic tests? Month/Year: ____/____

3. How does your lab use the CIDT for detection of *Staphylococcus aureus* or MRSA? (select one)

- \Box Test concurrently with culture
- □ Reflex to culture after positive by CIDT panel

□ Only run CIDT panel, no additional testing is done

Other, specify _____

END SURVEY